Form 2D: Contact Tracing Form

1. Last Name: First Name: MI: Suffix: Alias:

2. Street Address: Apt #:

3. City: State:

4. Zip:

5. DOB: M M D D Y Y Y Y

6. Age (Yrs):

7. Ethnicity: H Non/H

8. Race - Mark all that apply: AI/AN Asian B/AA H/PI O/U White

9. Sex: M F

20. Phone Number - Home:

10. Height:

11. Size/Build:

12. Hair :

13. Complexion:

14. Pregnant?: Y N U

15. Primary Language Spoken:

16. English Spoken: Y N U

17. Name of Employer/School:

21. Phone Number - Cell:

24. Exposure Dates:

Date of First Exposure: M M D D 2 0 Y Y

Date of Last Exposure: M M D D 2 0 Y Y

25. Reported Case Number:

State

26. Date Interview of Reported Case: M M D D 2 0 Y Y

18. Address of Employer/School:

19. Work Hours :

22. Phone Number - Work:

30. Location, Epi Notes, and Other Relevant Information:

23. Phone Number - Other:

27. Contact Type (Mark One)		28. Priority Code *
Primary Contact		
OOJ Primary Contact		

29. Primary Contact Form 2D Number:

(Complete only for Secondary Contacts)

Case Contact Priority Codes *

1 = Highest Priority - Case household contacts: All immediate family members; others spending > 3 hours in the household since case's onset of symptoms.

2 = Non household contacts with contact <6 feet with an infectious case for >= 3 hours.

3 = Non household contacts with contact <6 feet with an infectious case for < 3 hours.

4 = Non household contacts with contact >= 6 feet with an infectious case for >= 3 hours.

5 = Non household contacts with contact >= 6 feet with an infectious case for < 3 hours.

31. Date Form 2D Initiated: M M D D 2 0 Y Y

32. Initiated By:

33. Date of Contact Notification: M M D D 2 0 Y Y

34. Notified By:

35. Disposition Date: M M D D 2 0 Y Y

36. Dispo'ed By:

37. Follow-up Assignment Date: M M D D 2 0 Y Y

38. Follow-up By:

41. Reviewed By:

39. **Disposition (Select One)**

1. Located

- 1A Referred for Vaccination or Post-Exposure Prophylaxis Symptoms Not Present
- 1B Referred for Clinical Assessment, Symptoms Present
- 1C Already Hospitalized as Suspected Case, Symptoms Present
- 1D Isolated, Not Vaccinated (within last 6 months), NOR Prophylaxed
- 1E Previously Vaccinated or Prophylaxed, Symptoms Not Present

Date of Vaccination: M M D D 2 0 Y Y

Reported Vaccination Take Status: Major None Equivocal Unknown

2. Not Located

- 2A Unable to Locate
- 2B Moved From Jurisdiction, To: _____

3. Deceased

- 3A Disease Suspected
- 3B Unrelated to Disease

4. 4 **Other :** _____

40. Case ID:

State

42. Comments: